



## Senate

General Assembly

January Session, 2009

**File No. 295**

Senate Bill No. 38

*Senate, March 30, 2009*

The Committee on Human Services reported through SEN. DOYLE of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

### ***AN ACT CONCERNING PAYMENT FOR SPECIALTY CARE TRANSPORTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 17b-276 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July*  
3 *1, 2009*):

4 (b) Notwithstanding any other provision of the general statutes, for  
5 purposes of administering medical assistance programs, including, but  
6 not limited to, the state-administered general assistance program and  
7 programs administered pursuant to Title XIX or Title XXI of the Social  
8 Security Act, the Department of Social Services shall (1) be the sole  
9 state agency that sets emergency and nonemergency medical  
10 transportation fees or fee schedules for any transportation services that  
11 are reimbursed by the department for said medical assistance  
12 programs; and (2) recognize and provide payment for "specialty care  
13 transports", as defined in subparagraph (C) of subdivision (9) of  
14 section 19a-177, for recipients of benefits from such medical assistance

15 programs.

This act shall take effect as follows and shall amend the following sections:
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Section 1	<i>July 1, 2009</i>	17b-276(b)
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**HS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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### ***OFA Fiscal Note***

#### ***State Impact:***

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$
Department of Social Services	GF - Cost	Significant	Significant
UConn Health Center	Other Funds - Revenue Gain	Unknown	Unknown

***Municipal Impact:*** None

#### ***Explanation***

This bill requires the Department of Social Services (DSS) to provide a Medicaid rate for “specialty care transports.” These are medical transports that include personnel and equipment beyond the normal scope of EMT - paramedics. The bill does not specify what this rate would be, but it is assumed to be higher than those currently allowed under Medicaid. For purposes of illustration, the rate authorized by the Department of Public Health for specialty care transports at the University of Connecticut Health Center (UCHC) is \$3,496 per trip. The highest medical transport rate currently paid under Medicaid is \$219.

As neither the rate to be established nor the number of applicable transports can be known, the overall cost to the DSS cannot be determined. However, given the disparity between rates detailed above, any such increased costs are expected to be significant.

Should DSS establish a rate higher than currently paid, UCHC would experience a revenue increase. The extent of this potential increase is not known.

#### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

*Sources: DSS rate schedules, public testimony*

**OLR Bill Analysis****SB 38*****AN ACT CONCERNING PAYMENT FOR SPECIALTY CARE TRANSPORTS.*****SUMMARY:**

This bill requires the Department of Social Services (DSS) to recognize and pay for “specialty care transports,” as they are defined in state law, for Medicaid, State-Administered General Assistance (SAGA) medical assistance, and HUSKY B recipients. These are transports of critically injured or ill beneficiaries by ground ambulance from one hospital to another. Currently, DSS reimburses ambulances for both basic life support and advance life support trips but not specialty care transports. Because HUSKY and SAGA services are provided by contracted managed care organizations, DSS would have to factor these types of transports into the capitated rates it pays them.

EFFECTIVE DATE: July 1, 2009

**SPECIALTY CARE TRANSPORTS*****Definition***

The bill references the definition of these transports in state law. That law references the federal Medicare definition, which defines a specialty care transport (SCT) as:

“...interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary’s condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training” (42 CFR § 414.605).

**BACKGROUND*****Medicaid Payments for Emergency Transports***

For the nonmanaged DSS medical assistance programs, DSS currently reimburses ambulance companies for both basic life support (BLS) and advanced life support (ALS). Federal Medicare regulations (on which Medicaid reimbursement is based) defines BLS as transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by an individual qualified according to state law as an emergency medical technician-basic (EMT-Basic).

ALS has two levels. Level one means transportation by ground ambulance, medically necessary supplies, and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. ALS 2 means either (1) transportation by ground ambulance vehicle, medically necessary supplies and services, and the administration of at least three medications or (2) transportation, medically necessary supplies and services, and the provision of at least one of seven ALS procedures, such as manual defibrillation. ALS personnel must be trained either as EMT-Intermediates or paramedics (42 CFR § 414.605).

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/12/2009)